



DOCTOR :

Reg no :

Phone No :

PATIENT NAME :

Clinic :

Order Date :

Gender : M  F  Age :

Due Date :

\*PLEASE FILL IN BLOCK LETTERS

## LAB REQUISITION FORM

### CROWN & BRIDGE / IMPLANT PROSTHESES

- Wax-Up     Temp / Interim  
 Crown     Bridge  
 Veneer     Endocrown  
 Inlay     Onlay / Overlay

### IMPLANT CROWN & BRIDGE

- Screw     Cement     Access Hole  
 Implant Crown - Zr / PFM  
 Custom / Pre-Milled Abutment  
 Implant Supported Overdenture Bar  
 Hybrid Denture - Screw Retained (Cr.Co)  
 Hybrid Denture - Screw Retained (Ti)  
 Malo Framework with Zr crowns (Ti)

### METAL FREE

#### Zirconium

- Dantech Reg  
 Dantech Premium  
 Dantech Premium Plus  
 IPS E max Zircad

#### Lithium Di Silicate

- Press     CAD

#### Metal Ceramic / Metal

- Dantech PFM     Dantech Metal

### REMOVABLE PROSTHESES

- Special Tray     Wax Rim  
 Try In     Processing  
 Complete Denture  
 Tooth Supported Overdenture  
 Reline     Repair

### MATERIAL

- Acrylic     CAD/CAM PEEK  
 BPS     Cast Partial Frame Work  
 CAD / CAM Denture  
 3D Printed Denture

### ORTHODONTICS / SPLINTS

- Twin Block     RME Appliance  
 Hawley's Appliance  
 Mouth Guard     Essix Retainer

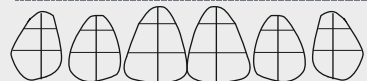
### SURGICAL GUIDE

- Pilot Guide  
 Fully Guided ( Exoplan )  
 Implant System  
 Surgical Guide DTX / Co-Diagnostix

### SHADE

VITA \_\_\_\_\_

3D MASTER



STUMP SHADE

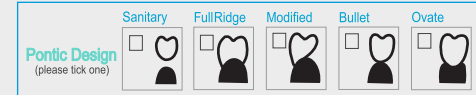
Vital     Non Vital  
 Composite     Metal

- ITEMS SENT TO THE LAB :
- Imp     Bite     Photos     Photos
- IMPLANT COMPONENTS :
- Lab Analog     Abut     Castables

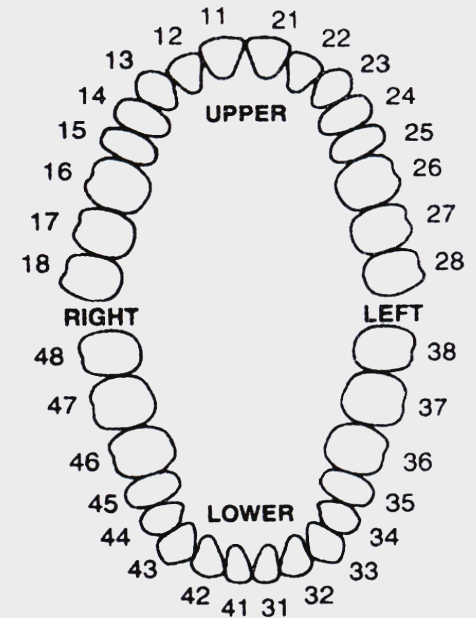
Others

Pontic Design (please tick one)

Sanitary     FullRidge     Modified     Bullet     Ovate



- Translucency     Regular     Low     High
- Glaze     Low     Regular     High
- Value     Low     Regular     High
- Texture     No     Low     High
- Follow adjacent tooth texture



Notes:

Signature :